

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------------|----------------|
| FEE DETERMINATION | <i>h</i> | <i>67814</i> | <i>5/15/00</i> |
| O.I.P.E. CLASSIFIER | | | <i>3/19/00</i> |
| FORMALITY REVIEW | <i>DM</i> | <i>72723</i> | <i>7-14-00</i> |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|----------------|
| Final Original | |
| 1 | <i>5/15/00</i> |
| 2 | <i>11/03</i> |
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| Claim | Date |
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| Claim | Date |
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| Final Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

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